

STATE OF IDAHO BUREAU OF LABORATORIES
2220 OLD PENITENTIARY ROAD
BOISE, IDAHO 83712-8299
(208) 334-2235

PERTUSSIS REQUISITION

- ☐ Pertussis PCR
☐ Pertussis Culture

Patient Name _____ Date of Birth _____

Patient Identification Number _____ Sex: ☐ M ☐ F

City and County of Residence _____

Date of Collection _____ Source: ☐ NP swab ☐ NP aspirate ☐ Other _____

**THE PERTUSSIS PCR WILL ONLY BE PERFORMED IF THIS REQUISITION IS
COMPLETELY FILLED OUT.**

DFA result? ☐ Positive ☐ Negative ☐ Not done ☐ Pending

Culture performed? ☐ Yes ☐ No

Symptoms: ☐ Cough illness \geq 7 days ☐ Paroxysmal cough ☐ Inspiratory "whoop" ☐ Post-tussive vomiting ☐ Apnea (in children)
Duration of Cough: _____

Is patient currently on antibiotics? ☐ Yes ☐ No Antibiotic: _____
Duration: _____

Is this part of a suspected outbreak? ☐ Yes ☐ No

Send report to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____

Send copy to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____